

# **SUCCESSFUL COMMUNITIES FROM RIDGE TO REEF**

**World Wildlife Fund**

## **FINAL REPORT**

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## Acronyms

ALT-Energy	Andrew Lees Trust-Energy
AMREF	African Medical and Research Foundation
ANGAP	<i>Association Nationale pour la Gestion des Aires Protégées</i>
ASOS	<i>Action Santé Organisation Secours</i>
BHWs	Barangay Health Workers
BTL	Bilateral Tubal Ligation
CBD	Community Based Distribution Agent (for FP/RH & PHE)
CBNRM	Community-based natural resources management
CC	Champion Commune Approach (in Madagascar)
CHW	Community Health Worker (in the Philippines)
CIREEF	<i>Circonscription de l'Environnement et des Eaux et Forêts</i>
COTS	Crown-of-Thorns Starfish
CPUE	Catch (fish) per unit effort
CSB	<i>Centre de Santé de Base</i>
DCM	Community Pharmacy Depot Agents
DOH	Department of Health
ESU	Endangered Spaces Unit, World Wildlife Fund
FPAS	Family Planning Action Session (a FP/RH community mobilization technique supported by Save the Children Philippines)
FP-CDS	Family Planning Commodity Distribution System
FP/RH	Family Planning/Reproductive Health
FY	Fiscal Year
IEC/ICEC	Information, Education, and Communication
IUD	Intra Uterine Device
KMNR	Kiunga Marine National Reserve
LGU	Local Government Unit
M&E	Monitoring and Evaluation
MAO	Municipal Agricultural Office
MOA	Memorandum of Agreement
MMCP	(Community based fisherfolk organization in Roxas, Philippines)
MPA	Marine Protected Area
MoH	Ministry of Health
MSWD	Municipal Social Welfare and Development Office
NSV	Non-Surgical Vasectomy
NWHP	Nature, Wealth, Health and Power (a development framework in Madagascar)
PCD	Communal Development Plans
PE	Population and Environment
PHE	Population, Health and Environment
PHE-TWG	PHE Technical Working Group
PSI	Population Services International
RHU	Reproductive Health Unit
RMMRCG	Roxas Marine Mammal Rescue and Conservation Group
SAGE	<i>Service d'Appui à la Gestion de l'Environnement (Fampanandrosoana Maharitra)</i>

TAFA	<i>TAny sy FAmpandrosoana</i>
TBA	Traditional Birth Attendant
VS	Voahary Salama
WPU	Western Philippines University
WWF	World Wildlife Fund

## 1 Executive Summary

This is the final report for the World Wildlife Fund (WWF)'s five-year project Successful Communities from Ridge to Reef, funded under cooperative agreement GPO-A-00-03-00008-00 by the Office of Population and Reproductive Health in USAID's Global Health Bureau.

The goal of the project was to improve voluntary family planning/reproductive health (FP/RH) in key areas where population growth has serious impacts on natural resources and find more sustainable solutions for local livelihoods, so as to reduce pressure on biodiversity.

Key objectives of the project included:

At the global level,

- To increase availability of lessons learned about PHE
- To improve capacity of WWF for population work

In three ecoregions – Coastal East Africa, the Spiny Forest of Madagascar, and the Coral Triangle – at site level,

- To improve FP and RH services, knowledge, and use in priority areas of ecoregions
- To increase capacity of communities to effectively manage natural resources in priority areas of ecoregions
- To improve the sustainability of FP and RH in priority areas of ecoregions

At the global level, the project substantially increased availability of lessons learned and built strong capacity on PHE within and beyond the conservation community. As a result of global and site-level project inputs:

- more than 40 new policies were implemented across the three project sites, advancing integration of PHE issues within local and regional governments, and improving outcomes in each of the P, H, and E sectors;
- 56 new PHE partnerships were formed at global and local levels;
- more than 70 major outreach efforts on PHE lessons and results were carried out, reaching a vast and diverse audience, at global, regional, and local levels, and across P, H and E sectors;
- 4 projects geographically expanded the scale of their PHE activities;
- 2 new WWF ecoregions began to undertake PHE projects; and
- more than \$460,000 US dollars were leveraged in the three sites and at global level, plus health staff time, health and family planning commodities, placement of staff in remote sites that were previously unserved by skilled health workers, long term operational costs of a new clinic constructed by the project, and construction of 10 new sources of potable water.

Across the three high priority ecoregions targeted, the project significantly improved FP/RH services, knowledge and use; increased capacity of communities to manage their

natural resources more effectively, and made substantial progress on ensuring sustainability of achievements:

- Use of family planning increased in all sites as evident by the 3623 acceptors new to modern family planning reached by the project, and increases of between 4 and 14% contraceptive prevalence rates across the sites. These figures strongly suggest that a large proportion of unmet need for family planning was filled and new demand generated by the project in these remote, underserved and highly traditional communities.
- Almost 100 community-based distributors of family planning were trained and operational at the end of the project, and about 400 persons were trained in an array of health service delivery issues, helping to demonstrate the project's success in building community capacity to provide improved FP/RH care to their communities.
- Sustainability of gains made in FP/RH and basic health in all sites was strengthened through the project's effective and collaborative work with local partners, including government health offices, consultants and NGOs in all sites. Funds were leveraged during the life of the project, and beyond, and as the project closed down, partners were continuing to build on the project's achievements.
- Strong capacity for community-based natural resource management was achieved in each site as demonstrated: in Kenya, by increasing community participation in turtle monitoring, and beach clean-ups for better turtle conservation (as well as human health and tourism); in the Philippines, by improved effectiveness of community monitoring and enforcement efforts within their new marine protected areas; and in Madagascar's Spiny Forest, by almost a third of households using fuel-saving stoves, 7 tree nurseries and more than 100,000 trees planted by community members.
- Substantial goodwill towards conservation and environmental protection was generated by the project in each site, helping to ensure the long term sustainability of gains made in natural resources management and conservation. "No-take" fishing zones were established by local fishermen in Kenya – for the first time in the KMNR's history and 100% of targeted fishermen exchanged illegal fishing gear for sustainable gear; 7 new marine protected areas were established by communities in the Philippines; and 4 new community forest management plans were submitted and endorsed by the Forest Service in Madagascar.

## **2 Introduction**

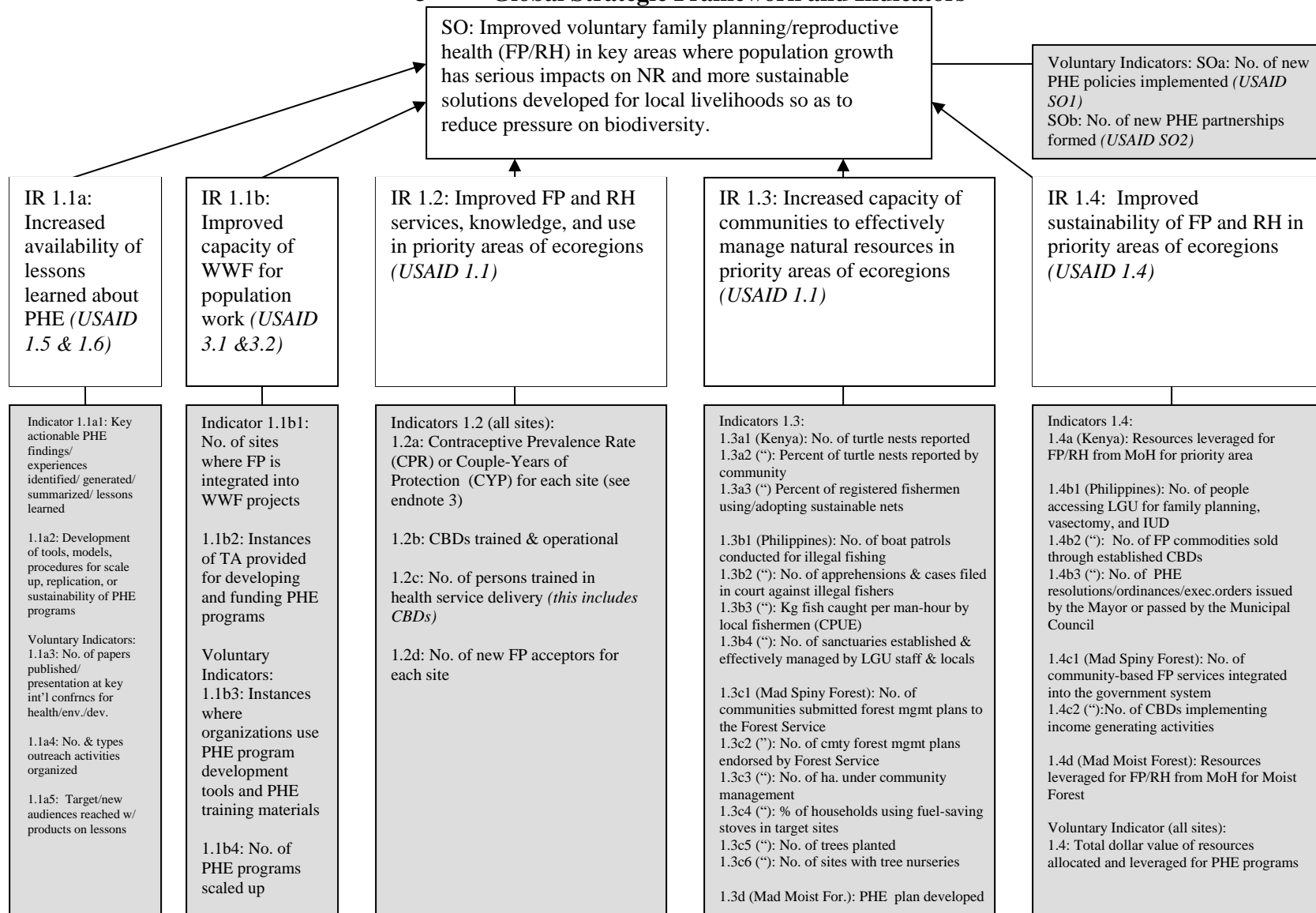
The Successful Communities from Ridge to Reef Project comprised four components: community-based integrated population, health and environment projects in three ecoregions of high priority for biodiversity conservation (the Spiny Forest of Madagascar, the Kiunga Marine National Reserve of Kenya in Coastal East Africa, and Roxas District, Palawan of the Philippines in the Coral Triangle); and a global component focused on analysis of PHE approaches and linkages, and capacity-building on PHE in the conservation sector.

Following this introduction, this report is divided into five major sections:

Section 3 presents the results framework for the PHE Project, and is followed by tables outlining the project's cumulative results in relation to that framework.

Sections 4 through 7 correlate to the four major components of the project. Each of these sections begins with a description of the component goal and strategic objectives (each of these is quite similar but was tailored to the local contexts of these diverse landscapes, and in the case of the analytical component, to the global context); this is followed by sub-sections covering results from the entire life of the project relevant to that component: an overview of major achievements; activities and impacts; challenges and lessons learned; and sustainability.

### 3 Global Strategic Framework and Indicators



<b>Global Indicators</b>	<b>Years Reporting</b>	<b>Results</b>	<b>Anticipated Results</b>
	<b>2006</b>	<b>2008</b>	
Soa (voluntary): No. of new PHE policies implemented ( <i>USAID SO1</i> )	0	39 <sup>i</sup>	3 (Philippines); no other targets set
	<b>2006</b>	<b>2008</b>	
Sob (voluntary): No. of new PHE partnerships formed ( <i>USAID SO2</i> )	0	56 <sup>ii</sup>	1 (Philippines); no other targets set
	<b>2003</b>	<b>2008</b>	
1.1a1: Key actionable PHE findings/experiences identified/generated/ summarized/ lessons learned [ <i>only reporting at global level</i> ]	0	5 <sup>iii</sup>	1 to 2
	<b>2003</b>	<b>2008</b>	
1.1a2: Development of tools, models, procedures for scale up, replication, or sustainability of PHE programs [ <i>only reporting at global level and Philippines</i> ]	0	2 <sup>iv</sup>	1 to 2
	<b>2003</b>	<b>2008</b>	
1.1a3 (voluntary): No. of papers published/ presentation at key int'l conferences for health/env./dev.	0	14 <sup>v</sup>	1 (Philippines); no other targets set
	<b>2003</b>	<b>2008</b>	
1.1a4 (voluntary): No. & types outreach activities organized	0	61 <sup>vi</sup>	No target
	<b>2003</b>	<b>2008</b>	
1.1a5 (voluntary): Target/new audiences reached w/ products on lessons	0	More than 50 <sup>vii</sup>	No target
	<b>12/2004</b>	<b>6/2008</b>	6/2008
1.1b1: No. of sites where FP is integrated into WWF projects [ <i>only reporting at global level</i> ]	5	7 <sup>viii</sup>	7
	<b>2003</b>	<b>2008</b>	
1.1b2: Instances of TA provided for developing and funding PHE programs [ <i>only reporting at global level</i> ]	0	22 <sup>ix</sup>	No target
	<b>2003</b>	<b>2008</b>	
1.1b3 (voluntary): Instances where organizations use PHE program development tools and PHE training materials	0	7 <sup>x</sup>	No target
	<b>2003</b>	<b>2008</b>	
1.1b4 (voluntary): No. of PHE programs scaled up [ <i>only reporting at global level</i> ]	0	4 <sup>xi</sup>	No target



<b>Site-Based Indicators</b>				
<b>IR 1.2 Family Planning and Health Indicators</b>				
<b>1.2a: Contraceptive Prevalence Rate (CPR)</b>	<b>Years Reporting</b>		<b>Difference</b>	<b>Anticipated Results</b>
<b>Kenya</b>	<b>9/2003</b>	<b>9/2008</b>		
Coastal East Africa	7% (Lamu district)	17%	+10%	No target
<b>Philippines</b>	<b>6/2006</b>	<b>6/2008</b>		
Coral Triangle	32%	36%	+4%	No target
<b>Madagascar</b>	<b>3/2004</b>	<b>6/2006</b>		
Spiny Forest (Stage 1, Fort Dauphin District Only)	6%	11%	+5%	No target
<i>(divided into stages because new sites were selected in March 2006)</i>	<b>2/2007</b>	<b>6/2008</b>		
Spiny Forest (Stage 2)	12%	26%	+14%	No target
	<b>8/2004</b>	<b>12/2005</b>		
Moist Forest (top= Vondrozo District; bottom=Midongy District)	3% 1%	4% 3%	+1% +2%	No target
<b>1.2b: CBDs trained &amp; operational</b>	<b>Years Reporting</b>		<b>Difference</b>	
<b>Kenya</b>	<b>9/2003</b>	<b>9/2008</b>		
Coastal East Africa	0	17	+17	17
<b>Philippines</b>	<b>1/2005</b>	<b>9/2008</b>		
Coral Triangle	0	21	+21	No target
<b>Madagascar</b>	<b>3/2004</b>	<b>6/2006</b>		
Spiny Forest (Stage 1, Fort Dauphin District Only)	0	62	+62	62
	<b>2/2007</b>	<b>6/2008</b>		
Spiny Forest (Stage 2)	0	46	+46	46
	<b>1/2005</b>	<b>12/2005</b>		
Moist Forest	0	16	+16	No target
<b>1.2c: No. of persons trained in health service delivery (this includes CBDs)</b>	<b>Years Reporting</b>		<b>Difference</b>	<b>Anticipated Results</b>
<b>Kenya</b>	<b>9/2003</b>	<b>9/2008</b>		
Coastal East Africa	0	107	+107	81
<b>Philippines</b>	<b>1/2005</b>	<b>9/2008</b>		
Coral Triangle	0	69	+69	44
<b>Madagascar</b>				
Spiny Forest (Stage 1, Fort Dauphin District Only)	<b>3/2004</b>	<b>6/2006</b>		
	0	118	+118	No target
Spiny Forest (Stage 2)	<b>2/2007</b>	<b>6/2008</b>		
	0	102	+102	92

<b>Site-based indicators</b> (continued) <b>1.2d: No. of new FP acceptors for each site</b>	<b>Years Reporting</b>		<b>Difference</b>	<b>Anticipated Results</b>
<b>Kenya</b>	<b>9/2003</b>	<b>9/2008</b>		
Coastal East Africa	0	2360	+2360	No target
<b>Philippines</b>	<b>1/2005</b>	<b>9/2008</b>		
Coral Triangle	0	242	+242	No target
<b>Madagascar</b>				
Spiny Forest (Stage 1, Fort Dauphin District Only)	<b>3/2004</b>	<b>6/2006</b>		
	0	Not reported	Not reported	No target
Spiny Forest (Stage 2)	<b>2/2007</b>	<b>6/2008</b>		
	0	1021	+1021	No target

<b>Site-based indicators</b> (continued)		<b>Years Reporting</b>		<b>Difference</b>	<b>Anticipated Results</b>
<b>IR 1.3 Management of Natural Resources</b>		<b>6/2004</b>	<b>6/2008</b>		
<b>Kenya</b>					
Coastal East Africa	1.3a1: No. of turtle nests reported (annual)	98	143	+45	Increasing trend
	1.3a2: Percent of turtle nests reported by community	50%	68%	+18%	75%
	1.3a3: Percent of registered fishermen using/adopting sustainable nets	89%	100%	+11%	100%
		<b>3/2005</b>	<b>9/2008</b>		
<b>Philippines</b>	1.3b1: No. of boat patrols conducted for illegal fishing	0	446	+446	Increase, no target
	1.3b2: No. of apprehensions & cases filed in court against illegal fishers	0	56 appr. & 3 cases	+56 & +3 (trend still seems to be on the increase)	Trend of initial increase, and eventual decrease
	1.3b3: Kg fish caught per man-hour by local fishermen (CPUE)	.7 - 2.4	1 - 2.5	Positive	Increase, no target
	1.3b4: No. of sanctuaries established & effectively managed by LGU staff & locals	0	5	+5	5
		<b>6/2006*</b>	<b>6/2008*</b>		
<b>Madagascar</b>	1.3c1: No. of communities submitted forest mgmt plans to the Forest Service	0 (*as of 7/2004)	4 (*as of 9/2008)	+4	No target
	1.3c2: No. of community forest management plans endorsed by Forest Service	0 (*as of 7/2004)	4 (*as of 9/2008)	+4	No target
	1.3c3: No. of ha. under community management	66,922	112,922	+46,000	No target
	1.3c4: Percent of households using fuel-saving stoves in target sites (Phase 1, Fort Dauphin only)	0 (*as of 10/2005)	15 (*as of 6/2006)	+15	No target
	1.3c4: Percent of households using fuel-saving stoves in target sites (Phase 2, new sites selected in 3/2006)	6% (*as of 2/2007)	27%	+21%	No target
	1.3c5: No. of trees planted	2160	110,027	+107,867	No target
	1.3c6: No. of sites with tree nurseries	3	7	+4	No target
		<b>1/2005</b>	<b>12/2005</b>		
Moist Forest	1.3d: PHE plan developed	0	2	+2	No target

<b>Site-based indicators</b> (continued)		<b>Years Reporting</b>		<b>Difference</b>	<b>Anticipated Results</b>
<b>IR 1.4 Sustainability</b>					
<b>Kenya</b>					
Coastal East Africa		<b>8/2004</b>	<b>6/2008</b>		
	1.4a: Resources leveraged for FP/RH from MoH for priority area	0	760000/=		
		6/2006	9/2008		
<b>Philippines</b>			10 IUD, 38 BTL, 3 NSV		
Coral Triangle	1.4b1: No. of people accessing LGU for family planning, vasectomy, and IUD	0		+51	Increase, no target
	1.4b2: No. of FP commodities sold through established CBDs	0	4,602	+4602	Increase, no target
	1.4b3: No. of PHE resolutions/ordinances/exec.orders issued by the Mayor or passed by the Municipal Council	0	14	+14	Increase, no target
		<b>3/2004</b>	<b>6/2008</b>		
<b>Madagascar</b>					
Spiny Forest	1.4c1: No. of community-based FP services integrated into the government system	0	46	+46	
	1.4c2: No. of CBDs implementing income generating activities	0	92	+92	
		<b>2005</b>	<b>2008</b>		
<b>All Sites</b>	1.4 (voluntary): Total dollar value of resources allocated and leveraged for PHE programs	0	More than \$462,363 US <sup>xii</sup>	+\$462,363 US	Increase, no target

## 4 Madagascar

### *Project Goal and Strategic Objectives*

**Goal:** The overall goal is to ensure sustainable natural resource management in the Spiny Forest Ecoregion of Madagascar by addressing threats related to population aspects.

- **Objective 1:** To internalize PHE at different levels
- **Objective 2:** To improve FP and RH knowledge, services, and use in priority areas of the ecoregion
- **Objective 3:** Increased capacity and responsibility of communities to effectively manage natural resources in priority areas of the ecoregion
- **Objective 4:** Improved sustainability of FP and RH in priority areas of the ecoregion

### *Overview*

The Madagascar PHE project was implemented over the course of five years – with four years of actual implementation – and went through two distinct stages. In the first stage the project targeted 23 sites within 6 communes – an extensive geographical area that was later determined to be overambitious due to travel distances and coordination across the area. When this realization was made, the project revised its target population and its strategy. The second stage targeted only 4 communes containing 23 sites – 9 of which were new to the project.

Over the life of the project, substantial gains were made in the area of family planning, although some of these gains ended when the project came to a close (it was reported that CBDs lost motivation at that point). CPR increased from 6 to 11% in the first stage of the project, and from 12 to 26% in the second stage of the project. More than 1000 new FP users were reached, and 46 community-based distributors of contraceptives were trained and still operational when the project closed. These gains are remarkable considering the strong traditional beliefs about the importance of large numbers of children in the area, and the very high levels of poverty, illiteracy and food insecurity. It took several years of project implementation before values began to change. Project staff felt that gains were just beginning to take off when the project closed.

The main conservation target of the PHE project in the Spiny Forest was to maintain or increase forest cover. The principal direct threats to that target included: deforestation for agriculture, degradation due to fire, and timber-cutting for fuelwood and construction. A major driver of these threats was the rapid growth and expansion of the human population. The project aimed to measure the alleviation of the direct threats by measuring the decrease of instances in which any one of those threats occurred within a patch of forest that was transferred to communities. At the end of the project, it was ultimately impossible to gather this type of quantitative data. Internal pressure within the targeted communities prevented the forest keepers – individuals appointed by communities to watch over protected areas and monitor offenses – from sharing this information with WWF. Instead, the project was able to collect anecdotal evidence from communities.

Quantitative data related to the project's short-term environmental objectives was available – especially for the second stage of the project. Those data show an increase of adoption of modern family planning and improved natural resource management practices. Though the project encountered frequent challenges throughout its four years of operation, such as inefficient project management in the field, PHE successes began to gain momentum in the latter half of stage two of the project, with communities suddenly demonstrating strong motivation about undertaking PHE. Due to the short amount of time between the relatively sudden transformation of community attitudes and the project close-out, this momentum died out when the project ended.

On a broader scale, the PHE project helped reinforce the importance of socio-economic development to conservation across the many stakeholders in the Spiny Forest and at all levels. The Champion Commune (CC) process was just one of several approaches that could have been used to implement PHE, and seemed to be a good choice given previous success of the smaller scale Champion Community approach in other parts of Madagascar. Over the life of the project, in-country project staff felt that a PHE approach by itself might have yielded better results without placing it within the context of the CC approach.

Despite the mixed results of this community-based PHE project, the project produced many lessons that are now benefiting PHE scale-up efforts that WWF is planning in Madagascar.

### ***Activities and Impacts***

#### **Objective 1: To internalize PHE at different levels**

##### **Activity 1.1 Improve coordination for implementing PHE programs**

Alliance USAID promoted improved synergy among stakeholders in addressing regional human development (including population) and conservation issues. This coordination effort was reinforced by the integrated PHE efforts undertaken by WWF and its PHE partners, and relevant PHE coordination meetings organized at regional and lower levels. While the project was able to raise PHE awareness among stakeholders, this success was moderated by the fact that some stakeholders were unable to fulfil their commitments due to funding constraints and donor requirements.

##### **Activity 1.2 Encourage local communities to use the Champion Commune approach for the continuation of PHE activities.**

The Champion Commune approach was initiated by SANTENET and the PHE project adopted it for use in its target communes. PHE activities were integrated into the CC approach. By the end of the project, all 4 of the communes targeted in the second stage of the project were certified as Champion Communes. Despite this achievement, project staff was convinced that these communes still needed continued leadership from WWF and partners in order to have sufficient capacity to maintain PHE achievements beyond the life of the project.

##### **Activity 1.2.1 Facilitate the participatory identification of priority activities and objectives**

This was successfully achieved at communal and local levels. Coherence among sometimes conflicting priorities at regional, communal and community levels related to health and environmental topics was established. Within the context of the NWHP (Nature, Wealth, Health and Power) framework, “wealth” actors were not able to support activities related to improving

livelihoods (or “wealth”), due to restrictions on use of project funding. Therefore this component of the framework had to be dropped in all target sites.

**Activity 1.2.2 Facilitate the creation of Monitoring and Evaluation Committees for CC in each commune**

For each commune, the project created one of these committees, with all local stakeholders and local authorities fully represented within a given commune. This facilitated better synergy among stakeholders.

**Activity 1.2.3 Monitor CC process and familiarize volunteers with PHE tools**

The project provided training in the CC process to community-based volunteers. This training helped build capacity for PHE at the community level and encouraged sharing of experience among volunteers from different communities, further strengthening community capacity.

**Activity 1.2.4 Provide CC volunteers with additional PHE communication and M&E tools**

PHE communications tools and M&E tools helped volunteers to more effectively deliver PHE messages and monitor their progress

**Activity 1.2.5 Ensure and support committees in providing regular follow-up and mobilization of their communities**

Monthly meetings and regular 100-day and 200-day follow-up meetings (i.e. 100 days after the start-up of the project in a particular commune, and regularly after that) were organized in each commune, at the commune level. At these meetings, the PHE project was represented by at least one member of the PHE project team from targeted communities, an ASOS representative and/or a WWF project officer. The last of these meetings was held in June 2008.

**Activity 1.2.6 Assess the achievement of CC objectives in collaboration with public agencies**

The regular meetings outlined in the previous sub-activity helped build strong and collaborative relationships among the targeted communities, the PHE project partners, and public agencies.

**Activity 1.2.7 Celebrate the achievement of CC objectives with communities and partners**

These celebrations – held in each commune upon achievement of the CC objectives – provided communities with the opportunity to receive public recognition for their efforts and motivated them to participate in other opportunities to further their development.

**Objective 2: To improve FP and RH knowledge, services, and use in priority areas of the ecoregion**

**Activity 2.1 Enhance targeting of FP communication efforts and PHE communication strategies to improve FP awareness and knowledge among women, men, and youth in communities**

Early FP adopters – men, women, and couples – volunteered to spread messages about the benefits of FP -such as birth spacing and improved livelihoods – to their fellow community members. At least once per month, project volunteers helped organize sessions in which these testimonies were given. The sessions contributed to a significant increase in the uptake of family planning. In the second stage of the project, CPR increased from 12% to 26%.

### **Activity 2.2 Strengthen the capacity of PHE Community Based Distributors**

The CC process was successfully completed by all four target communes. In recognition of this achievement, the project supported each of them in holding celebrations. CBDs played an active role in helping their communities and communes to achieve health and family planning objectives, in particular.

#### **Activity 2.2.1 Provide refresher training to existing CBDs in planning, management, and more advanced integrated RH topics**

The project trained CBDs to develop and update their work plans. They were trained to identify appropriate approaches and topics of interest to their various target groups, relevant communication methods for each group, and encouraged to develop plans for how often they aimed to carry out awareness activities. Regular follow-up was required to maintain their motivation, but with this support, they were able to maintain high levels of motivation.

#### **Activity 2.2.2 Support CBDs in recruitment of regular contraceptive users**

The project found that CBDs were reliable channels through which community members could access FP/RH commodities, comprehensive information about FP/RH issues, and follow-up care. CBDs used a combination of communication techniques, depending on the level of knowledge, attitude, and types of behaviors exhibited by target groups. These included: home visits, informal meetings, and use of FP and PHE communication tools. Between June 2007 and June 2008, the number of new FP users increased from 240 to 719. Unfortunately after the project ended, WWF has been informed that CBDs substantially lost their high levels of motivation.

#### **Activity 2.2.3 Ensure regular monitoring and mentoring of CBDs**

Project staff regularly visited CBDs in their communities. The visits helped motivate the CBDs and helped them to monitor their progress.

#### **Activity 2.2.4 Enhance collaboration between CBDs and the Ministry of Health**

By the end of the project, collaboration between CBDs and the Ministry of Health made substantial progress. CBDs were fully integrated into the MoH system, with an official list of their names available at the MoH-supported health center. The list allows CBDs to obtain their FP commodities at the health center and formally recognizes their status as government-supported CBD agents for the remote communities of the Spiny Forest.

### **Activity 2.3 Improve access to FP/RH commodities, care and basic health supplies**

FP CBDs were successfully identified and trained by the project. CBDs worked to increase access to FP/RH commodities, care and basic health supplies.

### **Activity 2.4 Improve FP and RH quality of care through facilitating the adoption of “Performance and Quality Services” (PQS) in relevant public clinics in collaboration with SANTENET**



This activity was cancelled.

**Objective 3: Increased capacity and responsibility of communities to effectively manage natural resources in priority areas of the ecoregion**

**Activity 3.1 Promote rational fuel wood use by promoting energy saving stoves among rural households**

As a result of the project's success in promoting fuel-saving stoves, appreciation for the utility of the stoves dramatically increased among Spiny Forest households. In the second stage of the project, use of fuel saving stoves increased from 6 to 27% of households. Households recognized that the stoves used less fuelwood, and therefore saved them time and energy. In the second stage of the project, in particular, once this realization took hold, adoption of the stoves was rapid. However, WWF has now learned that since the project ended, many households have not replaced stoves that became damaged (by rain for example). It is unclear to WWF why households have not chosen to rebuild their stoves, but it is presumed that this initiative also needed more time to fully take hold and gain sufficient motivation from within communities.

**Activity 3.2 Encourage tree planting and maintain vegetation cover by supporting tree planting activities**

Tree planting efforts garnered strong support from communities during the second stage of the project. A local tree species called *fantsiholitra* was particularly popular among households. A wide variety of trees were planted however, totaling 119,027 by the end of the project. The project lacked resources to systematically measure survival rates of planted trees. However project staff was optimistic about tree survival rates. They noted that many communities were envious of highly successful tree planting efforts and sought to replicate the results.

**Activity 3.3 Give support to set up and/or enforce a system with the communities to protect themselves from bush-fires and involve the local authorities**

The project developed a leaflet about bush-fires which was then distributed among communities. Fire "keepers" were identified and were officially recognized by the Forest Service. Community testimonies about the benefits of controlling bush-fires appeared to have decreased the incidence of fires around target communities, but systematically collected quantitative data was not available. Also, other efforts in the target area were underway to work on this issue as well, so it was difficult to isolate the impact on bushfires of PHE efforts, as distinct from other efforts.

**Activity 3.4 Promote and continue community based natural resource management and the establishment of the System of Protected Areas in Madagascar (SAPM)**

Over the life of the project, the community agreed that there was a decrease in the number of legal offences around the CBNRM zones. Despite strong efforts by forest keepers to collect data in support of this contention, ultimately no quantitative data was available. Project staff explained that internal political pressures within communities were the principal cause. When the PHE project ended and this verification process was still not finalized, communities reported to WWF that there was then an increase in the number of offences.

**Activity 3.5 Use the population-health awareness raising sessions to promote environmental protection**

Community volunteers reported that using health awareness sessions to promote environmental protection was both easy for them to communicate and simple for community members to understand. They also conveyed that using environmental sessions to discuss community health and family planning was equally straightforward.

**Activity 3.6 Reduce the use of forest resources by promoting use of bricks in house construction**

A house was built after the training of 10 persons in brick making. Community are willing to adopt bricks but the raw materials remain difficult to gather (cost, site too far).

**Objective 4: Improved sustainability of FP and RH in priority areas of the ecoregion****Activity 4.1 Ensure continuous motivation of CBDs so that they will continue their FP and RH activities**

The project worked hard to try to ensure continuous motivation of CBDs beyond the life of the project. It obtained technical support from WWF-US on CBD motivation and tried to implement a variety of recommended techniques. After the national government decided to make contraceptives free of charge throughout Madagascar – which occurred about halfway through the life of the project – the project promoted income-generating activities (vegetable gardens) for CBDs and provided many of them with start-up funds for small businesses; equipment such as sandals and backpacks were also distributed to help them with their work. While CBD motivation did improve from these efforts and some CBDs began to earn small incomes from these efforts, once the project ended, these token incomes were not sufficient to maintain CBD motivation. Due to the fact that these activities took hold most strongly in the second stage of the project, project staff concluded that the volunteers simply needed more time working with the project before it closed out.

**Activity 4.2 Facilitate collaboration with public institutions (See 2.2.4)**

PHE successfully connected project volunteers and CBDs to the MoH remote services division. They were invited to attend regular MoH meetings, participate in events organized by the MoH, and given official recognition as agents of the MoH. In spite of these achievements, maintaining volunteer motivation remained a challenge.

**Activity 4.3 In collaboration with the Ministry of Health, coordinate the regular supply of contraceptives and essential drugs to CBDs (See 2.3)**

As noted above, with project support, the MoH officially recognized project-trained CBDs as its remote agents for FP distribution. The project also worked closely with the MoH and supply stakeholders to encourage uninterrupted flows of contraceptives to CBDs at all levels. While some success was achieved at the regional level, a number of problems were encountered that were beyond the control of regional units or the project; such problems appeared to stem from systemic supply issues at the national level.

## *Challenges and Lessons Learned*

Challenges included:

- PHE targets for the ecoregion were very ambitious whereas:
  - The project only worked in a small area of the ecoregion (4 communes out of about 300)
  - The project's success was highly dependent on voluntarism within deeply impoverished communities
- The integrated PHE approach could not be fully implemented because only "Nature-Health and Power" activities, out of the "Nature, Health, Wealth and Power" development framework being promoted in Madagascar, were possible; WWF could not find a partner to fund and implement the "wealth" component in project sites.
- The deep poverty of communities substantially impacted their ability to provide voluntary service towards meeting the project's goals; therefore their motivation was highly dependent on external support, making sustainability challenging to achieve.
- Distances between PHE sites were too great, and WWF-Madagascar headquarters and ASOS lacked full-time project staff, meaning that the project faced high transaction costs and low levels of efficiency and follow up.
- Lengthy bureaucratic processes involved in funds transfer from WWF-US impacted the availability of funding to the field and therefore the implementation of activities.

Lessons included:

- In spite of numerous challenges faced by this project, project staff concluded that the integrated PHE approach, if scaled up thematically and geographically within Madagascar, could still be a highly relevant and effective approach to synergistically address poverty and conservation. The current community and commune level approach, which heavily emphasized family planning in highly impoverished contexts, did not seem to correspond to the population's greatest perceived needs of improving livelihoods and food security.
- Awareness messages about basic health issues provided the project with a very good entry point to working on conservation and vice versa, with or without the family planning messages.
- The formalization of partnership agreements is crucial (SANTENET-WWF; PHE and WWF Spiny Forest Program) to obtaining real benefits and efficiency from collaboration.
- Over time it emerged that there was an ongoing competition between ASOS and WWF's visibility in the field. The partnership implementation was intended to have ASOS agents as the primary project representatives in the field, and WWF staff appearing less frequently, but communication by ASOS field agents in particular was to emphasize the partnership of the two organizations on PHE. Over time it became apparent that ASOS was not fully conveying the message about the partnership between the two organizations. Hence the benefits of having communities recognize the partnership were often not realized.

- Management of the project at WWF-Madagascar and particularly at ASOS needed more technical support and motivation than was available. WWF-US had hoped that PHE workshops held by WWF, local PHE fellows, PRB, USAID-supported technical support projects that provided capacity building to the project staff, and groups such as Voahary Salama would help the project in this regard, but the project needed more frequent visits and capacity-building than was anticipated.

## *Sustainability*

### *Sustainability of PHE Inputs*

PHE activities did correspond with certain community needs. However, community adoption of PHE practices promoted by this project depended heavily on the project's ability to demonstrate immediate benefits that could be perceived by targeted beneficiaries. It also depended strongly on the spirit of voluntarism which is challenging in these highly impoverished and insecure areas of the country. In spite of significant improvements in project outcomes during the final year of the project, adoption rates for all promoted PHE practices increased slower than the project had hoped and anticipated. Above all, the relatively short term of the project (4 years of implementation) did not seem to be sufficient to ensure sustainability of project achievements.

During the life of the project, the project's PHE initiatives did demonstrate successes including:

- Household uptake of fuel saving stoves in the final year of the project was rapid, demonstrating that households did recognize the stoves' time and energy-saving benefits.
- Tree planting with *fantsiholitra* was particularly popular among communities and beneficial for increasing forest cover. By the close of the project, communities demonstrated high levels of motivation to continue to plant and sustain these trees well beyond the life of the project.
- By the end of the project, voluntary adoption of FP was high, in spite of much slower progress in the first stage of the project.

While these gains were substantial in such traditional, remote, and impoverished communities, WWF fears that adoption of most of these practices was ultimately unsustainable. The closing of the project immediately lowered CBD morale and motivation, as demonstrated by the immediate drop in monthly reporting of CBDs to the MoH clinics. Perhaps with at least one more year of funding, motivation could have been improved, and levels of adoption of all PHE initiatives could have reached sufficient levels that demand would promote sustainability.

### *Sustainability of CBD System*

The Ministry of Health recognized and encouraged the cadre of CBDs trained by the project, and allowed them to accept a small amount of money from the sale of contraceptives. In the end, faced with increasing costs of living, this compensation was too small to serve as motivation. The project also attempted to provide backpacks and sandals, and seed money for start-up businesses to CBDs to improve their ability to work, make them feel appreciated and provide them with greater status in their communities. By the close of the project, it became apparent that these efforts were also not highly effective. CBDs still needed more follow up to build their capacity and motivation.

### *Scaling Up*

Project staff concluded that if the project aims to work at a different scale in the future, priority should be given to integrating PHE through policy. WWF is now in the planning stages of what that scaling up effort will look like.

## **5 Kenya**

### ***Project Goal and Strategic Objectives***

**Goal:** To reduce population growth in priority areas in and around the Kiunga National Marine Reserve in order to promote sustainable natural resource management and improve local livelihoods.

- **Objective 1:** To increase awareness and adoption of family planning and reproductive health
- **Objective 2:** To improve institutional and infrastructural capacity for provision of quality curative and preventative health care
- **Objective 3:** To improve community capacity for reproductive health by changing behavior and practices
- **Objective 4:** To promote the sustainable use of natural resources, and to secure the long-term welfare of the area's habitats, species and communities.

### ***Overview***

The integrated population, health and environment project has played a major role in helping WWF achieve its long term conservation and human well-being goals in the KMNR. Through the project, WWF has ensured continuous provision of basic health care and critical health services that were previously unavailable to the remote communities of the KMNR area. With funding from USAID for family planning/reproductive health and linked environmental activities, and funds from Johnson & Johnson for general health activities, the PHE project has provided services including but not limited to: antenatal services, family planning, broad reproductive health care, maternal and child health care, and environmental health services such as sanitation and water disinfection.

Access to family planning was greatly improved, as measured by key proxy indicators such as the increase in modern CPR (from 7 to 17%) and more than 2300 new modern FP users reached by the project. Although monitoring of basic health outcomes was not included in the baseline monitoring system for the USAID-funded part of the project, the project noted major improvements in at least one children's health indicator. As a result of the project the percent of children under 5 who received vaccinations increased from less than 30 to over 100% (the 'over-achievement' was due to Somali mothers bringing children from remote, insecure southern Somalia across the international border to the KMNR to receive services). In addition, the incidence of malaria fell significantly with the distribution of mosquito nets and outreach activities.

In appreciation of these and other services provided by WWF, the KMNR communities now recognize human well-being issues as relevant to conservation and to WWF. As a result, they have developed a strong sense of goodwill towards WWF and its conservation mission, helping WWF and its local conservation partners become more effective in mobilizing communities for conservation efforts. Long term support that was most appreciated by communities included improvement of physical health facilities and clean water infrastructure and provision of basic training in primary health and FP/RH to community health assistants. After the project closes, the community health assistants will continue to offer primary care to their fellow community members (with support from the new GDA (Global Development Alliance) project).

### ***Activities and Impacts***

#### **Objective 1: To increase awareness and adoption of family planning and reproductive health**

##### ***Activity 1.1: Implementation of integrated reproductive health education program and promotion of reproductive health activities***

The project initiated an awareness program on family planning and reproductive health for priority target groups – including women and youth. This provided women and other marginalized groups in the community with opportunities to receive information and services, and discuss reproductive health needs and perspectives more openly than had been possible previously.

The project trained more than 100 individuals on FP/RH and other health service delivery topics in the target area, including a large number of community-based distributors (CBDs) of family planning. As of the close of the project, 17 of these CBDs were operational, successfully expanding family planning service provision to individuals living in remote communities. The CBDs provide FP/RH education, family planning commodities, and case referral to formal health facilities as needed. The presence of CBDs filled a critical gap that had previously existed between health providers at local but distant or hard-to-reach facilities and their FP clients. Households in these communities are spread across a series of islands and mainland communities that lack access to any form of mechanized transportation, and that are located several hours away from the nearest hospital – if they can obtain transport. CBD service provision thereby provides the opportunity to all women in these remote communities to use FP and select a method that is suited to their needs.

##### ***Activity 1.2: Provision of integrated reproductive health and family planning care***

Project-supported monthly mobile clinics effectively extended reproductive health care to communities in remote areas within and adjacent to the Reserve. Through complementary support from Johnson & Johnson, they also provided access to basic curative and preventive health services. The full array of services ensured improved access to health care, including antenatal clinics, reproductive, maternal and child health care, and use of family planning. The availability of a trained FP adviser at each of these clinics helped ensure that clients received a high standard of FP/RH care, could successfully manage any side effects, and could easily switch methods as needed with skilled medical advice.

Reproductive health clinics in all villages reached more than 2300 new FP users for both short and long term family planning methods. This high level of receptivity to modern family planning lays the foundation for a more sustainable future of the human communities and biodiversity in the KMNR. Women who are aware of the benefits of FP in their lives are better able to make sound decisions for their families, educate themselves and their children, have greater food security, and are less dependent on the natural resources of the KMNR for their nutritional and economic well-being. The high number of new FP users also implies that the birth rate will be slower than it would have been; this implies that local stakeholders will have more time to adapt to the rapidly increasing demographic, economic and environmental pressures placed on the area's natural resources.

### ***Activity 1.3: Provision and promotion of antenatal services***

The project provided traditional birth attendants with updates to their knowledge and skills in pre and post natal care and encouraged them to work closely with medical staff to reduce child and maternal mortality. In the KMNR, traditional birth attendants continue to play a major role in delivering babies and providing health advice to households. This type of training helps to bridge the gap between these traditional communities and formal medical services, improving the level of health care for these remote households.

Monthly mobile clinics facilitated by the project also provided immunizations and other maternal and child health care to all communities within the project area (the non-family planning/reproductive health activities being funded by Johnson & Johnson).

## **Objective 2: To improve institutional capacity for provision of quality curative and preventative health care**

### ***Activity 2.1: Sustaining physical improvements made to health infrastructure***

With USAID and Johnson & Johnson support, the project built a health dispensary in Mkokoni village – a remote but central village within the KMNR. The facility extended the services of existing KMNR health infrastructure that was previously inadequate to cover the area. As a result of this construction and the project's effective communications efforts, the Ministry of Health then posted a nursing officer in the Mkokoni facility. The officer now provides local communities with a broader range of health services, including family planning and reproductive health care.

The project also provided refrigerators to health facilities in the KMNR, to enable health care workers to store medication for communities served by the mobile clinics. These refrigeration facilities preserve crucial medicines such as oxytocin used to save lives during childbirth, and vaccines.

### ***Activity 2.2: Continuation of mobile RH/FP services to the remote Kiunga communities***

Monthly mobile clinics continuously provided integrated health services for Kiunga communities, including: antenatal care, family planning, treatment, and case referral as appropriate to Lamu District Hospital. The clinics also ensured timely referral for expectant

mothers, reducing maternal and child health risk and improving management of pregnancies. In addition, the clinics provided FP commodities and counseling.

***Activity 2.3: Continued improvement of transport and communication channels, to maximize effective distribution of contraceptive supplies, medicines, vaccines etc.***

Throughout the life of the project, WWF and partners worked closely with health care providers to ensure uninterrupted supply of medication and FP commodities to facilities within and adjacent to the project catchment area. On at least a few occasions – when supplies were not readily available through the MoH – WWF purchased supplies to ensure continuous flow of FP commodities. Overall, WWF and partners maintained a smooth flow of medical supplies to the KMNR communities – a level of health service that communities in the KMNR had not always received in years prior to the project. This was the result of good working relations and collaboration between health care-givers, WWF staff, WWF partners and communities.

Community care-givers including CBDs and community health workers (CHWs) also provided helpful feedback in ensuring that the area's facilities received a continuous flow of essential medical supplies. Thus the supply chain was extended and its efficiency improved by the project; this improvement is expected to continue in the next GDA-funded phase, with heightened community expectation, improved communication among stakeholders, and national restructuring of health service provision.

The project continues to supplement transport for emergency referral services for communities living in remote areas. Finding a long term solution for emergency transport has been a high priority for WWF. Through the PHE project's efforts, WWF built status on health issues and gained a position on the board of the district health management body. WWF was able to use the position to lobby for adequate resources to the project area including increased staff allocation. After the close of the project, WWF will continue to use this position to further press the MoH for improved emergency transport.

**Objective 3: To improve community capacity for reproductive health by changing behavior and practices**

***Activity 3.1: Continued training for community health workers (CHWs)/volunteers in reproductive health and related areas***

One hundred and ten community health workers were trained in the project area and are now supporting government-posted health workers in ensuring that the entire project target population is reached with health education, including FP/RH. These CHW's are an essential link between communities and their health service providers. They also educate communities on their rights to demand care and the responsibilities of health service providers to deliver a full range of health services.

Twenty-five traditional birth attendants received training in improved reproductive health care. They also held discussions with facility staff, which allowed dialogue about the benefits of encouraging hospital delivery and the importance of registering births and deaths.

Twenty-five CBD's were trained in the provision of youth-friendly family planning to their respective clients in all seven villages. CBD's are important in ensuring that FP clients use commodities appropriately and can quickly choose to discontinue or change a method with appropriate health counseling.



***Activity 3.2: Continued supplementary training for existing health personnel and Ministry of Health representatives on reproductive health issues***

The project organized the training of twenty-five nurses in supporting community-based reproductive health service provision. This will not only improve community cooperation but will also strengthen the bond between service providers and clients.

Eight Ministry of Health personnel were trained in youth-friendly FP/RH care. Youth are among the most vulnerable and important groups targeted by the project. Due to a high birth rate, they comprise a large proportion of the population in this area, and yet due to the traditional values of the population in this area, their special reproductive needs are often overlooked.

Five nurses were offered specialized training in communication about and provision of long-term and permanent family planning methods. Following this training, more than fifteen new clients decided to receive FP implants and were referred to health facilities where they successfully received this service.

***Activity 3.3: Training of gender groups and youth groups***

Eight trainings were conducted on family planning and reproductive health for male and female youth groups. These trainings were also utilized as an opportunity to provide integrated messages about conservation and human health. The project has found that among all of the project's target groups, youth are the most receptive to linked messages about healthy ecosystems and healthy lives. Project staff hopes that the youths' increased awareness and understanding of the integration of these issues will provide future leadership on key health, FP, and environmental issues in the KMNR.

**Objective 4: To promote the sustainable use of natural resources, and to secure the long-term welfare of the area's habitats, species and communities.**

***Activity 4.1: To mobilize and sensitize community on environmental health issues***

The project trained community health and dispensary committees and community health workers on public health and sanitation, helping them monitor their progress on key health issues, and providing refresher training as needed throughout the life of the project.

With this increased capacity, health workers and committees were motivated to work more diligently on enforcing existing public health codes in their villages.

As a result of the project's integrated PHE communications efforts and support for improved community health, fisher groups were willing to work closely with health workers to ensure compliance with public health regulations for fish markets, schools and other public facilities. Community members also offered to work with school environmental clubs; together, communities and schools conducted multiple village clean-up efforts.

Frequent health awareness and sensitization meetings were held in all villages to ensure regular supervision of all of these efforts by health workers, and to build health worker capacity to conduct these monitoring visits in the future. Increasing contact between health workers and community members also increased opportunities for disseminating broader PHE messages, such as relationship between natural resource sustainability and family size.

#### **Activity 4.2: To work towards the long-term welfare of the area's habitats and species**

Through the PHE project and complementary projects conducted by WWF in the area, WWF successfully gained the trust and goodwill of fisher groups – one of the most important target groups for WWF conservation efforts in the KMNR. Prior to this project, WWF had been struggling for several years to overcome a history of mistrust that existed among community members about the creation of the marine national reserve and close affiliation of WWF with law enforcement agencies and others entities that were perceived to be interested solely in the welfare of themselves or the local biodiversity.

Multiple successes were achieved in this regard:

For the first time, WWF was able to engage fisher groups in annual surveys on the ecosystem health of the KMNR – a critical step in building community capacity to monitor outcomes key to conservation as well as to their own long-term health and food security.

Also for the first time in the history of the KMNR, the project was able to overcome a history of mistrust between KMNR communities and environmental agencies. Communities historically suspected that if they cooperated with environmental agencies to demarcate “no-take” fishing zones, then they were certain to lose fishing rights that were critical to their livelihoods. As a result of the much improved relations with fishermen and communities developed by the PHE project and other initiatives WWF was undertaking in the KMNR, WWF and stakeholders finally established and demarcated fish regeneration zones (called “no-take” zones) adjacent to the KMNR.

In addition, fishermen are now actively participating in the protection of turtle nesting habitats in the entire reserve. One hundred percent of fishermen have adopted sustainable fishing gear, and more than 68 percent of turtle nests are now reported by community members (rather than a member of WWF or another environmental agency). This is an important step in realizing the long term goal of the community taking ownership of the turtle monitoring process. The trend of turtle nesting in the area continues to be positive, which can likely be strongly attributed to this effort and improved cleanliness of beaches (though it must be noted that such trends must be monitored over periods of several years to establish definitive conclusions about the status of each species of marine turtle).

The project has also played an important role in continuing to develop an effective collaborative management system for the KMNR. Communities are more engaged than ever before in all of the management functions of the Reserve and have begun to play important roles in decision-making about the Reserve. This is a lengthy process and will continue to evolve beyond the life of the project.

Finally, as a result of the project and complementary efforts supported by Johnson & Johnson, community-based beach management units have a greatly improved capacity and receptivity in their own communities. They have successfully been able to enforce fisheries regulations and have networked throughout the entire Lamu District to ensure non-destructive fisheries practices. All these efforts are working to promote sustainable management of marine resources, ensuring

that the human population in the project area lives within the carrying capacity of the fishery, both for its own sustenance and for trade.

### ***Challenges and Lessons Learned***

Challenges included:

- The main challenge has been the central government's inability to provide a continuous supply of FP commodities. This resulted in frequent stock-outs at dispensing facilities in the villages. Although the project made a strong effort to fill these supply gaps, this was not always possible and presents a major challenge to the sustainability of the project's achievements in expanding demand for FP.
- Throughout the life of the project, WWF struggled with the communities' misconception that WWF had a "responsibility" to provide for all their humanitarian needs as opposed to its conservation-based orientation. While the community greatly appreciated the health, livelihood, and educational inputs provided by WWF through its various projects, communities continuously expressed that WWF should do more.
- Low literacy levels made it difficult to engage all members of communities as fully as WWF and partners would have liked to make needed advances on PHE issues.
- Cultural barriers and religious preferences sometimes posed a challenge to promotion of certain services such as FP, although WWF worked hard to overcome these boundaries – through improved sensitization, adaptation of messages to specific target audiences, discussion with religious leaders, and use of integrated PHE communications to deliver messages about FP.
- Government systems often were unable to meet demands for health and FP data. It took them a long time to adapt to any changes in data requirements.
- Frequent staff changes within the project and among formal and informal partner agencies – due to transfers and opting out (in part because the area is so remote) – made continuity challenging, and presented obstacles to efficient project implementation.

Lessons included:

- Community dialogue and involvement from the inception of project is very important to project success. To achieve key conservation goals, a project must seek to address the community's priority needs.
- Links among and between population, health, and environment are highly appreciated and understood by recipient groups. These linkages can be used to provide examples that effectively help communities relate to prevailing environmental or health circumstances.
- Partnerships achieve the best results when partners are all based on site; this allows for frequent consultation and joint implementation.

### ***Sustainability***

In addition to the gains noted under activities above, such as CBD, CHW, and MoH capacity-building; sensitization of women's, men's and youth groups on FP/RH; and construction of improved health facilities, the project had broad and substantial positive impacts on the long

term sustainability of health care service provision in the area. Such systemic improvements imply a more robust and sustainable FP/RH service delivery system well into the future. These impacts included:

- The project played an important role in helping to transform community attitudes towards modern health services, making these traditional communities more receptive to seeking modern family planning and modern health services in general.
- Through the project's partnership with the MoH and other inputs provided by the project, the attitude and capacity of government health representatives evolved dramatically over the life of the project. Whereas prior to the project, the Ministry of Health often did not give priority to the remote KMNR communities, now the MoH is much more organized and dedicated to coordinating health care support to the KMNR area, and in encouraging the pooling of resources necessary to enable the MoH to offer wider and better services to the KMNR's remote communities.
- Partnerships developed by the project and the coordinating mechanisms established through these partnerships played an important role in avoiding duplication of efforts, greatly improving health and conservation service delivery in KMNR communities.
- Ministry of Health staff involved in the implementation of the project have benefited from training and skills-building exercises, ensuring overall improved capacity and better quality of care in the KMNR.
- The project supported the establishment of community organizational structures that will serve as robust mechanisms for extending quality health care to communities in the long run. Local development funds were used to supplement efforts to support health initiatives by WWF within the project area.
- Finally, as a result of this project, a community decision-making strategy developed by communities has been adopted by them. This strategy is now serving as an important mechanism in engaging communities on health and FP/RH service provision issues, as well as aiding in decision-making on key health issues. The strategy will also empower communities with the ability to leverage more resources for extension of health care services. A feedback mechanism which is outlined in the strategy also allows for continuous assessment of progress on health care service delivery and attitudinal change among target groups.

The WWF PHE project will expand these successes to other sites within Lamu District that have benefited from the project's natural resource management initiatives, but which have not been fully engaged in the project. This scale-up effort will seek to emphasize human capacity-building in new sites, while concentrating on continuing ongoing support to this project's target sites. The next phase, funded by the GDA, will also benefit from roll-out of the new national health policy, which places greater emphasis on building health capacity at the local level. The project has set the stage well for this welcome development in the KMNR area, and lessons learned will be valuable as the project scales up within the Lamu Seascape.

## **6 Philippines**

### ***Project Goal and Strategic Objectives***

**Goal:** The overall goal is to ensure sustainable natural resources management in priority areas of the Coral Triangle by addressing threats to population aspects

- **Objective 1:** To improve FP, RH, coastal resources management and PHE knowledge and awareness among coastal communities, and build capacity
- **Objective 2:** To improve access and infrastructure promoting FP/RH commodities and service delivery
- **Objective 3:** To promote sustainable fishing practices and techniques among fisherfolk families and policy makers
- **Objective 4:** To identify and develop sustainability measures to promote PHE in the municipality of Roxas

### *Overview*

The PHE project in Palawan, Philippines, Coral Triangle Ecoregion was established in FY05, and after three years of implementation, successfully expanded access to family planning and reproductive health while improving management of marine resources. These results were achieved through partnership with the Local Government Unit (LGU) of Roxas, Palawan, with technical assistance from Save the Children, and in collaboration with Marie Stopes, CMEN, the Provincial Health Office and Roxas Medicare Hospital (which supported medical outreach missions).

As a direct result of the project, PHE activities were institutionalized in Roxas municipal governance, including budgetary allocations in the municipality's Annual Investment Plan. In the area of FP/RH, the project launched a new Family Planning-Commodity Distribution System based on community-based distributors (CBDs), and this system is fully operational and effective. The system is managed by a FP Coordinator that is a permanent staff of the Roxas Municipal Reproductive Health Unit. As a result of extensive capacity building provided by the project, the staff member has demonstrated strong skills in effectively managing the system. Through this system, project-trained CBDs have been able to provide access to FP for clients in their communities, and from 2006 to 2008 distributed a total of 4,602 FP commodities, reaching 242 new FP users. Revenue generation from CBD sales of contraceptives has also been achieved, ensuring that the system has a good chance of long-term sustainability. The system's financial statement showed total sales of \$3,528 US from almost two years of operation, and matching income for the 7 community-based governance structures in the barangays of \$360 US – a large sum in this setting. CBDs also earned small incomes from these sales on an individual basis, further improving the chances for sustainability of the system.

Tremendous improvements were also achieved in expanding the target audiences for family planning and marine conservation messages. The Family Planning Action Session (FPAS) tool – provided to the project through technical assistance from Save the Children – inspired strong motivation among community members, leaders, and other stakeholders. FPAS also has become institutionalized in Roxas, through the Office of the Municipal Social Welfare and Development's adoption of the sessions as a requirement for pre-marital counseling, and through volunteers who now provide these session to community members who are unable to travel to the Office for the sessions. Further, the LGU has allocated a budget for providing continuous

motivation for community volunteers. Through FPAS 92% of couples with unmet need for FP – as established by the tool’s criteria – were reached. Through these activities and medical missions that improved access to long term methods for Roxas residents, CPR increased from 32 in 2006 to 36% in 2008. Residents outside of the target barangays for the project were impressed by the project’s results. The CBD system and FPAS have now been scaled-up to 5 new barangays in Roxas— through their own initiative.

Key conservation goals were also achieved. Through the project’s efforts, 5 new marine protected areas (MPAs) were established in Roxas municipal waters. All five were granted budgetary allocations by both municipal and community governance structures (barangays). In addition, the 5 barangays developed MPA management plans that are now being implemented by respective barangay management bodies. Barangay community-based MPA management efforts now include monitoring and enforcement. With WWF’s departure they will receive continued technical support from the Municipal Agriculture Office.

As indicated in informal communications with USAID over the last several months, a severe outbreak of COTS (crown-of-thorns starfish) greatly reduced the percentage of live coral cover in the MPAs causing reduction in fish abundance and biomass (CPUE is 1-2.5 kg/manhour, still higher than the baseline which was 0.07-2.4 kg/manhour; also length-weight frequency monitoring showed that larger fish are now seen in the fish catch of fishermen – a sign that the MPAs are probably working.). Fortunately, the COTS outbreak did not affect species richness. Communities and the LGU were quick and effective in responding to this disaster and in cooperating with WWF to this end (WWF-US provided unrestricted funding for this action). Project managers were convinced that this positive response was at least partially due to the project’s effectiveness in building stronger, more cohesive and integrated municipal and community institutions, and increased community awareness of the linkages between human health, livelihoods and marine conservation. As such Roxas should be more resilient to such disasters in the future – a critical achievement in light of climate change.

Overall, investment by the stakeholders in PHE dramatically increased as a result of the PHE project, in terms of both financial and technical support. Total counterpart contributions leveraged during the life of the project were equal to \$178,801 US which is 40% of the total project cost.

### ***Activities and Impacts***

#### **Objective 1: To improve FP, RH, coastal resources management, PHE knowledge and awareness among coastal communities and build capacity of PHE development agents**

##### ***Activity 1.1: Update household database of the 7 target barangays with information regarding use of contraceptives and FP and RH services.***

A participatory assessment ensured that right from the start the stakeholders were informed about the project and that they were considered as partners in project implementation. When the baseline survey was conducted, barangay health workers were involved in data-gathering. They were also invited to focus group discussions together with other stakeholders that were identified. Their knowledge was considered important and used extensively for subsequent

planning and activities conducted. A CPR of 55% was obtained when this baseline survey was first conducted, which was prior to implementation of a FP commodity distribution system in the municipality. Later on it was learned this very high value was obtained because the timing of the survey coincided with the “Ligtas Buntis” campaign of the government wherein FP commodities were distributed for free. However, immediately following this political campaign FP commodities were no longer available for free from the LGU Reproductive Health Unit, and the LGU had no mechanism for sustaining free supplies of contraceptives. Therefore, the value of 55% was not used for the final baseline; the following year the project measured CPR again and found that it had plunged to 32% (2006).

***Activity 1.2: Present assessment results to stakeholders and plan actions based on recommendations***

This activity helped validate assessment results. Through these presentations, the project was able to undertake participatory planning with local stakeholders and jointly identify activities. This was important in gaining stakeholder buy-in.

***Activity 1.3: Identify and recruit community-based PHE workers***

Further support of local stakeholders was achieved through the identification of community-based PHE workers in collaboration with community leaders and heads of offices in the LGU.

***Activity 1.4: Assess capacities of PHE/ community health workers***

A capacity needs assessment was conducted by the consultants hired by WWF to undertake the baseline assessment. This was used to identify trainings needed and then provided to PHE and community health workers.

***Activity 1.5: Organize and develop trainings for PHE workers***

Multiple trainings were conducted on a variety of P, H and E topics, which helped improve the capacity of PHE workers in doing PHE work. Topics included: communicating about FP; training on NSV (non-surgical vasectomy) motivation; FPAS training; training of LGU staff on GIS; coastal resources assessment and monitoring trainings; paralegal training and fish warden deputation. Training modules were designed by the trainers and given to the participants.

***Activity 1.6: Develop and implement PHE monitoring tool***

A PHE monitoring tool was developed with inputs from stakeholders (through a workshop). This was also used in gathering and updating project data.

***Activity 1.7: Develop, identify and distribute IEC materials on PHE***

Stakeholders helped develop and identify PHE IEC materials that would be useful to the project. As a result, PHE calendars and brochures with messages specifically relevant to Roxas residents were printed and distributed. Also, posters from other PHE projects in the Philippines were adapted and utilized by the project. The project also ensured that other materials such as project reports and monitoring reports were also distributed to all partners.

***Activity 1.8: Show videos on PHE in communities***

This activity was cancelled; no videos were developed. Instead radio shows were conducted for one hour every Wednesday. These shows ran from October 2007 to September 2008 (42 hours of

airtime). This substantially broadened the target audience of the PHE project. The show could be heard throughout and beyond Roxas District – even in the most remote barangays from the town of Roxas. The project was able to identify the listener base because the show received feedback from listeners using cell phone text messaging while it was on air.

***Activity 1.4: Organize meetings on FPAS***

Regular FPAS meetings were conducted in all 7 target barangays and once FPAS was well established in communities, it was also conducted every Monday at the Office of Municipal Social Welfare and Development, in accordance with a municipal council resolution passed as a result of the project. Sessions were conducted by trained FPAS motivators. The project received feedback from FPAS participants that this IEC method should have been conducted “a long time ago” because it is very informative. Some of those who have accepted FP through temporary or permanent methods have also participated in conducting FPAS. Project staff, LGU staff, CBDs and volunteers conducted a total of 144 FPAS and 512 house visits for FP counseling. Ninety two percent of the total target audience (couples with unmet needs) was reached by the project through FPAS, providing the project with an opportunity to improve knowledge about and access to FP, as well as knowledge about and support for conservation efforts.

***Activity 1.8: Cross visit of PHE workers to other PHE sites***

This activity had a major impact on the project. After the cross visit, implementation of activities was rapid. Participants in the visit were greatly impressed by the projects they visited and motivated to achieve similar results. As a result the project enjoyed strong buy-in for PHE from all participating stakeholders and residents who heard about their experiences.

***Activity 1.1: Update household database of the 7 target barangays with information regarding use of contraceptives and FP and RH services.***

Yearly updates of the household database were conducted with the help of the barangay health workers/ FPAS volunteers. This improved the capacity of the FPAS volunteers in data-gathering and also enabled them to have a completed database of the households in their own barangays. This also helped them track improvement and identify couples who needed more education and counseling or more personal visits (house visits to discuss FP). From 55% CPR in 2005, the CPR had dropped to 32% before project implementation (2006); after the project was implemented it then increased to 33% (2007) and 36% (2008).

***Activity 1.2: Identify, recruit and train additional volunteer PHE workers for FP/RH mobilization and coastal resources monitoring.***

A total of 119 persons were trained to undertake PHE work: 21 CBDs, 48 FPAS volunteers (27 from the 7 target barangays and 28 from the 5 additional barangays) and 50 persons trained in coastal resources, monitoring and enforcement. All of these persons helped implement the project and were instrumental in achieving the project’s targets.

**Objective 2: To improve access to FP/RH services and infrastructure promoting FP/RH commodities and system**



***Activity 2.1: Identify, negotiate and forge partnership with LGUs, the private sector, NGOs (including WWF) aimed at improving knowledge, access to and use of FP/RH and mainstreaming PHE in local development planning.***

A total of 10 partnerships were forged over the life of the project. Most of them were helpful in improving knowledge on FP/RH and PHE and providing access to modern FP methods.

***Activity 2.2: Attend meetings with Municipal Health Board***

Only 2 meetings of the Municipal Health Board, presided by the head of the RHU (Reproductive Health Unit), were convened over the life of the project. These meetings served to inform other NGOs operating in the area about the scope of each other's projects, thereby ensuring minimal duplication of effort and opening doors for possible collaboration. Even though meetings were very irregular, the project closely coordinated with the head of the RHU. This coordination was ultimately helpful in gaining full participation of the RHU staff and their volunteer health workers, and in obtaining financial contributions from barangay captains for the seed capital needed to launch the FP-CDS (family planning commodity distribution system).

***Activity 2.3: Establish commodity distribution system outlets in barangays***

The establishment of the FP-CDS outlets was done through a MOA signed by the mayor, barangay captains and community-based distributors, such that responsibilities and obligations of each party were clear. Twenty-one CBDs/ outlets were established, each of which earned 10-15% of the cost of the items sold. These CBDs were able to improve FP access for clients in their communities (a total of 4,602 FP commodities were dispensed by CBDs from 2006 to 2008), and the activity gave CBDs additional income and motivation. One recurring challenge was that some of the CBDs were not prompt in remitting their sales.

***Activity 2.5 Conduct training***

Training was conducted for 21 CBDs in: business operations, maintaining inventory and dispensing commodities.

***Activity 2.6 Develop monitoring tool for FP-CDS***

A monitoring tool was designed to be used by the CBDs. On a monthly basis, they filled it out, submitted it to midwives, and this was then used to keep a reliable inventory of products, make sales and write financial reports. The system was functioning smoothly upon project close-out.

***Activity 2.7: Provide technical assistance, mentorship to community-based distributor and FP coordinator on preparing financial statement, auditing and monitoring of the FP commodity distribution outlets in terms of delivering timely and reliable supply of commodities.***

Sales and financial reports were completed by the FP coordinator with assistance provided by WWF project staff. Financial statements showed that total sales equaled \$ 3528 US from December 2006 to August 2008 and net income for the 7 barangays of \$ 360 US. The FP coordinator had some difficulty in carrying out accounting duties and so this responsibility is now shared with the administrative staff of the RHU. This was decided after consultation with RHU head and the RHU staff, to ensure sustainability.

***Activity 2.8: Facilitate the conduct of medical outreach missions in partnership with the RHU with possible training for municipal health workers and other FP/RH agents***

Two medical outreach missions were conducted through Marie Stopes and CMEN in coordination with a counterpart from the Provincial Health Office, the RHU and the Medicare Hospital. A total of 41 FP clients were served (38 BTL (bilateral tubal ligation) and 3 NSV).

**Objective 3: To promote sustainable fishing practices and techniques among fisherfolk families and policy makers through emphasis on PHE linkages**

***Activity 3.1: Update biological information on seagrass, coral reef and reef fish, dugong population and by-catch, shark and other fisheries, in relation to population pressures***

Changes in the extent of seagrass sites (a diminished area covered by seagrass), decrease in coral cover as a result of COTS infestation, slight decrease in CPUE – fish catch per unit effort – but with slight increase in sizes/ lengths of monitored fish, and a decrease in abundance and biomass of fish; although species richness of fish and seagrass did not change. These data, which were obtained from the annual monitoring of coastal resources, informed the LGU and the fisherfolk of the condition of their marine resources and helped in planning and management decisions. The effects of the COTS infestation were observed even by the fisherfolk, who were also part of the monitoring team. The results were immediately reported to the mayor and the legislative council, helping to mobilize people and funds in response to the event. The project also leveraged WWF-US funds for COTS collection, which were obtained as a result of the surveys.

***Activity 3.2: Develop and distribute communication materials on the information generated from the previous surveys to fisherfolk families and policy makers***

Reports of the survey and monitoring results were distributed to partners. These data were then used by the stakeholders in advocacy against mining upstream from Roxas (that is highly destructive to marine resources and was affecting particular protected areas); and, to solicit funding support from private and government agencies.

***Activity 3.3: Organize and facilitate planning workshop that will draw out PHE management and policy priority actions based on results of assessments and monitoring activities and integrate these actions into the municipal plans and policies related to fisheries and fishing practices***

Presentation of results through meetings and planning workshops were conducted. MPAs were established, and developed from the results of Activity 3.1. These meetings and workshops enabled the stakeholders to ask questions about the results and made them better understand the results, implications and actions that needed to be taken. Through these meetings, PHE activities were identified by the stakeholders themselves and relevant budgetary line items were allocated in the municipality's annual investment plan.

***Activity 3.4: Continue to support community-defined improved resource management through utilizing PHE messaging to improve community understanding and involvement***

Some of the FPAS volunteers were also trained in coastal resources monitoring. They have helped spreading PHE messages. Aside from conducting IEC on FP, they also conveyed information about the status of their marine resources. Community members viewed them as very credible sources since they were also part of the team which helped in the yearly monitoring of coastal resources. Enforcement was also conducted with the help of the Bantay Dagat and the MMCP (a community-based fisherfolk organization in Roxas). Together these 2 teams

apprehended a total of 56 violators and filed 3 cases in court against some of these violators. Enforcement was recognized as one important factor in helping improve the fish catch of fishermen since it reduced the entry and operation of commercial and illegal fishers in the municipality.

***Activity 3.5: Continue provision of technical and IEC support to the Roxas Marine Mammal Rescue and Conservation Group (RMMRCG)***

Through the project's technical support to the RMMRCG, some trained members participated in rescues or burial of stranded or dead marine mammals, and were able to respond to a total of 10 calls for rescue of stranded marine mammals.

**Objective 4: To identify and develop sustainability measures to promote PHE**

***Activity 4.1: Work with the LGUs to integrate/ mainstream PHE in the local development planning process and policy formulation***

With the aid of legislation and the support of the mayor, PHE activities were implemented with the help of the LGU. These activities are now institutionalized with allocated budgets.

***Activity 4.2: Work with the LGUs in allocating annual LGU budgets and prioritizing actions that will be supported by the PHE budget***

Project staff attended the planning and budget preparatory sessions of the LGU to advocate for the inclusion of budgets for PHE activities in the annual investment plan. The Mayor was also constantly updated about project activities and results through his staff as well as through formal presentations conducted by the project manager. These helped in gaining financial support from the chief executive. The LGU budget for health and environment increased yearly over the life of the project and the amount of counterpart contribution leveraged from partners was also substantial. Total counterpart contributions of \$ 178,801 US were recorded from the stakeholders over the life of the project.

***Activity 4.3: Support LGUs and community health workers' participation in PHE meeting and conferences.***

Five (5) partners from Roxas attended the 2008 Third National PHE Conference in Tagaytay where a paper was presented. This activity enabled these participants to share experiences with other PHE practitioners. An MPA forum held in Puerto Princesa for municipalities with MPAs in Palawan was also attended by a participant from Roxas. These activities enabled the participants to establish contacts and network with other organizations and practitioners. These encounters also enabled them to compare their progress with others undertaking PHE and made them proud of what they have accomplished in their municipality.

***Activity 4.4: Link LGU/ MPA management bodies with other organizations and institutions who can help them in managing their MPAs after the project has ended.***

LGU and management bodies have expressed their sadness at the project's termination. However, they are quite confident that they continue the project's activities with the presence and contact with academia in the WPU (Western Philippines University) and the MPA (Marine Protected Areas) Support Network. These contacts were established during project implementation through the involvement of faculty members from WPU in many of the project's

activities and from attendance of the MAO (Municipal Agricultural Office) representative at the MPA forum.

### ***Challenges and Lessons Learned***

Challenges included:

- Although most of the activities implemented by the PHE project received municipal budget allocations in the Annual Investment Plan, the process involved in the release of funds from the Treasury remained somewhat unclear. There was a lack of transparency in that process. This problem of funding release is a potential threat to the sustainability of activities identified for PHE, although increased community awareness, capacity, empowerment, and motivation-resulting from the project should help to improve this situation.
- Motivating more people to adopt the idea of volunteerism, working without any monetary incentives.
- Being able to achieve ambitious PHE objectives over a broad geographical area and across multiple sectors within a relatively small budget.

Lessons included:

- Networking and communication with local stakeholders and other organizations can help a lot in achieving objectives. Regular feedback to local stakeholders and the LGU about the status of the project helped gain their involvement and encouraged them to be more active in managing their MPAs. The response to the COTS outbreak, enforcement and monitoring of MPAs, and medical outreach were all accomplished through collaborative efforts. For example, volunteer doctors, the RHU and the Medicare hospital helped with personnel and venue; funds were obtained from the LGU for the medicines and supplies; and additional funds from WWF-US were received for other needs.
- Strong leaders and role models are needed who can inspire and maintain the interest of a community in persevering with the complex and sometimes politically challenging tasks that have to be achieved in a PHE project.
- Sometimes, people have to be compensated for the work that they do. For example, many of the barangay health workers who worked with the project as FPAS motivators and data-gatherers used their time and effort in doing these things. This was time that they could have used to take care of their families and do work that would give them an income. Instead they spent their time conducting work for the project. Although they admit that they are happy doing this work and that they are learning a lot, complaints are still heard for financial remuneration or other forms of motivation.

### ***Sustainability***

Although they will still need assistance from time to time, the PHE program in Roxas, Palawan, Philippines has great potential to be sustainable. The LGU has already included budget allocations for health and environment activities. PHE activities have been institutionalized – the FP-CDS is operating smoothly; FPAS motivators are able to conduct FPAS in the Municipal Social Welfare and Development Office (MSWD) and their own barangays; and as a result of the

project, MPAs now have budget allocations from both the LGU and the barangay level. MPA management bodies in the 5 barangays with MPAs are now functioning: they helped in coral reef monitoring, collection of COTS, have conducted patrolling, and have apprehended illegal and commercial fishers within their MPAs.

Aside from this, management bodies of the different MPAs have been able to find creative ways in which their activities can be funded. Apprehensions have enabled them to collect fines and gear, and significant funding has been leveraged. Funding amounting to \$32,000 US for a project called, “Improving the lives of fisherfolks in Roxas through law enforcement & livelihood project” was obtained through the initiative of a Roxas-based people’s organization/cooperative (MMCPC) who submitted a proposal to Ausaid. This project is being implemented in collaboration with 5 other barangays with MPAs (Johnson Island, Malcampo, Rizal, Salvacion and Nicanor Zabala). Three of these barangays were also part of the 7 pilot barangays of the PHE project. Also, consultants who helped the project build capacity on PHE monitoring have also been able to obtain funding to help with bi-annual monitoring; they will gather information on the recovery of the reefs after the COTS infestation and the LGU has pledged to provide counterpart funding. The MAO is now functioning as a technical support body in Roxas for existing MPAs.

Further, Roxas is now serving as a model for scale-up of MPAs and PHE. The Roxas LGU has been visited by other municipalities who are interested in setting up their own MPAs. In addition, 3 other coastal barangays in Roxas municipality that were not targeted by the project are asking the assistance of the MAO so that they can create MPAs in their own waters.

The PHE project has also substantially impacted the sustainability of improved access to family planning in this remote and biologically-rich setting. FPAS has expanded to 5 new barangays with support from barangay captains and the LGU. Twenty-seven FPAS motivators were trained from the 5 barangays. Training was conducted by the RHU staff and the FPAS motivators trained by the PHE project in 2006. FP-CDS expansion in these barangays is also planned. The head of the RHU has lobbied for funds from these barangays to be used as their seed money for the purchase of FP commodities. It is hoped that these funds will be available next year.

## **7 Population Analysis of PHE Approaches and Linkages, and Capacity Building**

### ***Project Goal and Strategic Objectives***

**Goal:** The population analysis and capacity building component aims to enhance conservation of biodiversity, reduce population growth and improve reproductive health by advancing population analysis on effective population-environment interventions, drawing out lessons, promoting application of successful approaches, and building PHE capacity.

- **Objective 1:** To analyze the value of reproductive health work in biodiversity conservation, evaluating the effectiveness of different approaches
- **Objective 2:** To build capacity for population-environment work, especially in the conservation sector

## ***Overview***

An analytical agenda was established early on in the project in consultation with partners in the Community Conservation Coalition and USAID. Over the life of the project we undertook a value-added analysis drawing on WWF and other organizations' projects; reviewed scale-up in two countries; and examined partnerships in a number of projects. We estimated population growth rates in WWF-US's priority places. We also undertook an extensive evaluation of our USAID and Johnson & Johnson funded portfolio of PHE projects. Results and lessons from all these activities were brought together in a manual for conservation practitioners on integrating health and family planning into conservation projects.

At the same time we provided capacity building support, networking and technical assistance to our USAID and Johnson & Johnson funded projects, and undertook PHE outreach.

## ***Activities and Impacts***

### **Objective 1: To analyze the value of reproductive health work in biodiversity conservation, evaluating the effectiveness of different approaches**

#### ***Activity 1.1: To undertake participatory strategic planning for the population analysis program and establishment/refinement of M&E for WWF population-environment sites***

The participatory planning (undertaken with USAID and the Community Conservation Coalition) resulted in development of an analytical agenda complete with a working hypothesis that governed our analytical work for five years. A robust M&E framework was also developed for the three sites in which WWF was undertaking PHE, with the goal of measuring PHE linkages using the relatively new adaptive management standards applied by conservation organizations (using "results chains" that diagrammed assumptions about PH and E linkages) and single sector indicators (rather than integrated indicators which had not proven highly viable or garnered full support from conservation practitioners).

The working hypothesis developed by the project, the M&E framework piloted in this project, the data gathered under that framework, and the lessons learned from its implementation, all provided a solid foundation (in modified form including expansion to include general health), of our analytical agenda for the new Global Development Alliance (GDA). Lessons learned from WWF's PHE M&E framework also provided the basis for an M&E PHE training that was conducted by Measure Evaluation immediately following the close of this project.

#### ***Activity 1.2: To undertake activities to implement the population analysis strategy***

Outputs from this activity include:

- review of the added value of integrating population, health and environment (summary results published in the PHE manual; key findings indicate strong evidence for reducing unmet need for family planning, creating an entry point for conservation and building community trust, and generating cost efficiencies; other areas indicated for further analysis)
- report on factors determining effective partnerships for PHE, including types of alliances, elements of success, and challenges

- reviews of PHE scale-up process, successes and challenges in Madagascar and the Philippines; these two countries provide very contrasting situations where PHE developed and scaled up under very differing conditions, with many lessons for other countries including the nascent PHE networks in Eastern Africa.

Results from these activities were incorporated into the PHE manual (see Activity 1.5 below). In addition, the free-standing reports are being placed on WWF-US's website.

***Activity 1.3: To develop a population decision-making framework and tools for field practitioners***

The project analyzed population growth rates (including doubling times) in WWF-US's 19 priority places. This information was used to demonstrate to WWF staff in areas of high population growth the urgency of taking action on family planning and/or migration. It has been a useful tool. For example, one of the areas with highest natural growth is the Congo basin; a new PHE project in DRC has been included in the new GDA. In Madagascar, where the rate is also very high, the WWF office decided to play a broader role in scaling up PHE. Other tools produced include guidance in thinking through whether PHE is the right approach for a given site; it was included in the PHE manual (see Activity 1.5 below). The manual also contains an adaptation of the WWF Project and Program Standards for PHE.

***Activity 1.4: To continue and refine project PHE monitoring***

Over the life of the project, WWF-US staff worked closely with site-based practitioners in the three project sites, health partners in each of the sites, and external experts in monitoring and evaluation for conservation such as Foundations of Success, to expand upon the M&E framework that was developed near the inception of the project. Over the life of the project and through collaborative efforts and extensive dialogue, the project honed its M&E strategy annually, revising indicators that did not prove effective, revising assumptions about linkages, and learning about best practices in PHE M&E within the conservation sector. These lessons are now being applied to scale up the PHE approach within conservation, through the new Global Development Alliance (GDA), and replication and refinement of the approach in other WWF sites.

***Activity 1.5: To undertake an evaluation of all WWF's PHE projects and produce a manual for practitioners***

An independent evaluation was undertaken of WWF's USAID and Johnson & Johnson funded portfolio of PHE projects in 8 countries, by Dr David Carr of the University of California Santa Barbara. The evaluation produced an overview of the variety of approaches taken by the projects, their results, challenges, and a wide range of lessons. The evaluation process provided valuable guidance to the PHE projects, including introduction of new materials and ideas. Two planning meetings were held with WWF project staff to provide inputs to the manual. These, results from the evaluation, as well as results from the analytical work and from other organizations' PHE projects, were incorporated in a peer-reviewed manual on PHE for conservation practitioners entitled *Healthy People, Healthy Ecosystems: A manual on integrating health and family planning into conservation projects*. The manual was produced at the end of the project; dissemination and outreach is being undertaken under the GDA. The manual provides a very useful foundation for the GDA. This activity was funded jointly by USAID and Johnson & Johnson.

## **Objective 2: To build capacity for population-environment work, especially in the conservation sector**

### ***Activity 2.1: To support PHE projects in WWF field sites***

Capacity of WWF PHE project staff and their health partners was built in various ways, including technical assistance by WWF-US PHE staff, consultants and USAID staff; attendance at various conferences, workshops and training sessions; the evaluation visit and other site visits; and through exchanges with other PHE projects. Communication materials were freely exchanged across the WWF PHE projects; this was particularly valuable for the Francophone countries. At the end of five years, our PHE project staff has a much greater understanding of the linkages among population, health and environment; the value of taking an integrated approach; and the types of integrated messages that help promote improved health, increased use of family planning, and greater conservation results. They also have much practical experience of managing PHE field projects, and working with health partners – including an understanding of practical health issues, and health sector language. They also have a broader, more holistic understanding of issues that are important to communities, and affect the ways they use their environment.

### ***Activity 2.2: To undertake networking and outreach on PHE***

Considerable networking and outreach was undertaken during the project through presentations at conferences, training, networking, one-on-one meetings, the website, and other means. Target audiences have included the WWF Network; WWF-US National Council; the conservation sector; the former Community Conservation Coalition; PHE Policy and Practice Group; donors including USAID; and development and health organizations. Outreach has focused both on global population issues in relation to the environment, and on local responses through PHE projects. At global level we provided inputs to WWF's Living Planet Report, a biennial publication that examines the human footprint on the planet; for the first time in 2008 it included a section on population. Outreach of the results from Successful Communities from Ridge to Reef is continuing in the GDA, including dissemination of the manual and related training.

## ***Challenges and Lessons Learned***

Challenges included:

- **capacity** – we underestimated the amount of capacity that was needed in WWF-US to support our PHE projects, develop the M&E framework, meet reporting requirements, undertake the analytical work, and produce the manual. A major challenge in the field was turnover of personnel, resulting in loss of institutional memory and investment in training, and sometimes gaps in project management. In a few cases changes in project health partners also caused disruption.
- **funding** – in WWF we have generated greater demand for PHE; program offices would like to start PHE in new countries, and several existing projects that would like to scale up, but are limited by funding. We are delighted to have GDA funding for the next three years. While WWF has started investing some of its own funds in PHE, with the current downturn in the economy this is likely to decline.



- **making the case for PHE within WWF** – this took a long time because we needed results to demonstrate effectiveness of the approach; it is now taken more seriously than it was at the start and is less controversial internally.
- **fulfilling PHE stakeholder expectations that the project should produce a ground-breaking evidence-base from its sites without the mandate or resources to conduct operations research** – over the life of the project, PHE stakeholders and donors have requested scientifically rigorous evidence of the effectiveness of the PHE approach. From the beginning of this project there were high hopes that we would strongly contribute to that evidence base. While the project staff did an effective job of producing analytically rigorous results without conducting operations research, this could not fully satisfy the demand for detailed results at the level of operations research. Even within an operations research context, the effectiveness of the approach is challenging to measure. Obstacles include: the lengthy time needed to build capacity on cross-sectoral issues, the need for frequent (and expensive) face-to-face work on M&E, and the elusive challenge of determining causality across sectors.

#### Lessons included:

- PHE approaches can effectively provide health and family planning services and information to remote, underserved communities not reached by traditional health services
- PHE brings tremendous good will from communities, and buy-in to conservation activities
- Operational efficiencies are possible through integrated PHE approaches
- PHE involves long-term investment; 5 years has rarely been long enough for a project to become sustainable
- It takes time and understanding to develop solid partnerships with health organizations
- Investment in family planning and linked environmental activities alone is rarely enough; a broader suite of activities is often needed, including general health services and in some cases livelihood work
- Strong PHE champions in the field are very important
- Marine PHE programs tend to give environmental results faster than terrestrial ones

#### *Sustainability*

This project and the parallel project Healthy Communities Healthy Ecosystems funded by Johnson & Johnson have built capacity in WWF for PHE at headquarters level and in the field; a lot of interest has been generated in PHE within the WWF Network and in some conservation partners. There is also more interest in the broader relationship between people and ecosystem health. However, the approach is not close to being mainstreamed. While one project has hopefully developed financial and institutional sustainability (in the Philippines), WWF is still largely reliant on donor funding for PHE staff salaries and activities. With many competing and seemingly more immediate threats to biodiversity, we need to make a more compelling case for the impacts of natural population growth and the solutions that PHE approaches can offer, both at field level and at higher levels. We will use our newly generated data (presented in this report) to help do this. In addition to simple PHE arguments, climate change may offer an avenue through which to make the PHE case, once better data are available from ongoing academic

research on links between greenhouse gas emissions, population growth and rate of climate change.

In the next phase of our activities we will scale up PHE. The Successful Communities from Ridge to Reef project has enabled this scale-up by building our capacity, teaching us a huge amount on PHE, and enabling us to articulate lessons and tools. We have moved so far since 2003! We will apply this capacity and wisdom in the next phase to the GDA project and beyond through the following activities:

- Nepal: PHE replication in two new sites and promotion of the approach to other organizations in Nepal
- Kenya: expanding the approach within the Lamu seascape and using the Kiunga site as a pilot project for site visits by others in the region, collaborating with the Eastern Africa PHE networks
- DRC: replicate the PHE approach in the Salonga landscape in DRC
- Madagascar: provide coordination support for PHE scale-up nationally, in collaboration with the BALANCED project and other partners
- Undertake outreach on results from the last five years, including dissemination and promotion of the manual and its results and lessons
- Provide support to WWF PHE projects that are continuing outside the GDA funding (Cameroon, Central African Republic, Mozambique, , Namibia, India and the Philippines)
- Encourage new WWF PHE initiatives, for example in Cambodia and Tanzania
- Continue to work with partners in the PHE Policy and Practice Group on mechanisms to promote scale-up and expansion of PHE, including leveraging of funds, partners and sectors
- Explore other avenues for scale-up and expansion, for example through InterAction, CARE-USA (with whom WWF-US has a partnership), and European donors.

## Endnotes

<sup>i</sup> *Madagascar Spiny Forest*: 23 community plans (in 23 sites, communities formally integrated PHE objectives into their plans); *Madagascar Moist Forest*: 2 commune plans in which governments integrated PHE objectives  
*Philippines*: 4 Memorandums of Agreement (MOAs) and 1 Executive Order signed; 1 resolution from municipal council for FPAS; 5 Barangay Resolutions passed and approved by the barangays in support of MPAs; 2 municipal ordinances passed and signed by the mayor for the establishment and adoption of MPA management plans and the collections of COTS; 1 resolution for financial remuneration for FPAS motivators conducting FPAS at the MSWD

<sup>ii</sup> *Kenya*: 2: 1 with Family Health International (FHI) that replaced a partnership with AMREF; 1 with the local Ministry of Health

*Madagascar Spiny Forest*: 31 (for “Health”: SALFA, Tuberculosis Team; for “Environment”: ACORDS, GTZ, IPPTE, PACA, CNA, WWF, AVSF, BAIBO, FIMAMI; for “Wealth”: VOLAMAHASOA, Maison des Paysans; for previous years: Region & Commune Authorities, MoH, Forest Service, ALT, PSI, MCDI NGO, Alliance USAID, PHBM, SanteNet, Jariala, QMM, ANGAP, CARE, FAFABI, SOKAKE, TAFA, SAGE); *Madagascar Moist Forest*: 6 (Region & Commune Authorities, MoH, Forest Service, ANGAP, 1 local NGO) *Philippines*: Palawan Baptist Hospital; Save the Children; MMCPC (fisherfolk organization); RHU/FP-CDS and 2 FP suppliers; partnerships between RHU/FP-CDS for FP commodities with: 1) doctors’ account in Manila & 2) Saturn Marketing in Puerto Princesa; a group of volunteer doctors who conduct medical outreach for BTL and NSV (Cooperative Movement for Encouraging NSV and BTL); Roxas Medicare Hospital; partnership among 5 barangays with MPAs with a cooperative people organization known as MMCPC who was able to get funding for a project on livelihoods & enforcement of the Roxas MPAs, starting in July 2008

*Global*: 2: with Population Reference Bureau for scaling up; 1 with all of the members of the Policy and Practice Group

<sup>iii</sup> *Global*: scaling-up case studies for the Philippines and Madagascar; report on the effectiveness of PHE partnerships; report of evaluation of USAID and Johnson & Johnson funded WWF PHE projects; results of analysis of added value from taking integrated PHE approach

<sup>iv</sup> *Global*: manual for conservation practitioners on PHE; population trends analysis that has helped encourage PHE scale up within WWF Network

<sup>v</sup> *Madagascar*: 1 poster at Philippines PHE Conference ; poster of WWF’s PHE project in Madagascar at the East Africa PHE conference; *Philippines*: 3; *Kenya*: 1 presentation by WWF-Kenya at Phil PHE Conference; 1 poster by WWF-Kiunga on PHE and Millennium Development Goals delivered at Philippines PHE Conference; *Global*: 1 presentation on value added of PHE at Philippines PHE Conference; Presentation to WWF-US’s National Council on poverty and environment in Africa with a heavy focus on population pressures and our PHE work, which was followed by lively discussion; Distribution of WWF position paper on population to the WWF National Council, PHE partners and others; Plenary presentation on population, health and development issues for the environment in East Africa by Amani Ngusaru (East Africa Marine Ecoregion Coordinator) at the East Africa PHE conference; presentation of the Kiunga project PHE work at the pre-conference journalists’ training session and in the conference; Presentation of results from *People on the Move* at the Woodrow Wilson Center, East Africa PHE conference and WWF US brown bag; presentation of evaluation results at Woodrow Wilson Center and WWF

<sup>vi</sup> *Philippines*: 9 PHE meetings held at the Barangay level for the 7 target Barangays in 2005; 2 PHE presentations given to the mayor and the Municipal Council of Roxas;

*Madagascar Spiny Forest*: 1 success story was published on USAID PHE website; more than 35 PHE meetings held; Integration of PHE is also regularly discussed during monthly USAID alliance meetings in Fort Dauphin since March 2005 (this could be counted as 4 additional meetings from March to June 2005); *Moist Forest*: 5 PHE events held (4 Social mobilization days & 1 celebration); 1 by ASOS Harinesy in Dar es Salaam, Tanzania; 1 by WWF-Madagascar at Sierra Club in Tana (11/05);

*Kenya*: (not reported)

*Global*: 1 presentation of WWF’s PHE results to senior staff at WWF-US; Participated in Africa Biodiversity

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Collaborative Group meeting with Africa biodiversity experts in Tanzania, promoting PHE approach (population was incorporated into the recommendations of the meeting and carried forward to the National Council for Science and Environment annual meeting); 1 meeting held in DC for CCC members to develop learning agenda for WWF PHE; 1 meeting held re: scaling up with DC-based Enviro orgs; 1 presentation by WWF-US & WWF-Madagascar at HIV Conference in Kigoma, Tanzania (6/05); 1 presentation by Cara at Fellows Workshop

<sup>vii</sup> *Madagascar*: 4 Policymakers; 24 Implementers including: SANTENET, JARIALA, QMM, ANGAP, CARE, ALT, PSI, MCDI, PHBM, FAFABI, Alliance USAID, SAGE, SOKAKE, TAFA; & 6 Advocacy Groups including traditional leaders, Radio Listeners Group, Women group, Youth Group, Association (FIMAMI); 8 policymakers (4 in Spiny Forest & 4 in Moist Forest including Region & Commune Authorities, MoH Representatives, Forest Service Representatives); 14 implementing agencies in the Spiny Forest (ALT, PSI, MCDI, Alliance USAID, PHBM, SanteNet, Jariala, QMM, ANGAP, CARE, FAFABI, SAGE, SOKAKE, TAFA); 2 implementing agencies in the Moist Forest (ANGAP & 1 local NGO); 4 Advocacy Groups in the Spiny Forest (Traditional leaders, Radio Listener Group, Women's Group, Youth Group); 3 Advocacy Groups in the Moist Forest (Traditional Leaders, Women's Group, Youth Group);

*Global, Kenya & Philippines*: list is too long to include here (if needed, project will supply), but some examples include: academics & conservation NGOs at the Society for Conservation Biology conference; conservation & development specialists from around the world at the Behr's Environmental Leadership training in California; Sierra Club members; major private donor in California; etc.

<sup>viii</sup> Madagascar, Kenya, Central African Republic, Cameroon, Philippines, India, Nepal

<sup>ix</sup> *Global*: 7 instances of TA given through trips/participatory feedback during Evaluation (10/07 to 12/07); 2 instances of TA provided to WWF-Galapagos & WWF-Cambodia for new PHE projects (6/07); 1 WWF-US trip to Philippines to: 1) build management capacity for WWF PHE sites in Kenya & Roxas, Philippines & 2) provide TA for PHE in Mindanao, Philippines (3/06). 5 WWF-US trips to EAME to: 1) assist with integration of PHE into socioeconomic survey, 2) advance partnerships with AMREF, 3) inform Kenya USAID mission about PHE, 4) advance population analysis in EAME, 5) project management (9/04, 4/05x2, 2/06x2); 1 WWF-US trip to WWF-Philippines to assist with PHE program development/design (11/04); 2 WWF-US trips to WWF-Madagascar to 1) assist with PHE M&E and program design, 2) to gain buy-in from USAID Madagascar mission (4/05x2); 1 WWF-US workshop (co-funded with PRB) in Bangkok to provide TA to 13 organizations (11/04); significant TA provided to 3 WWF PHE partnerships in 3 countries to develop M&E plans (04/06)

<sup>x</sup> *Madagascar*: (Note that PHE T-shirts were used in FY07 by staff of other development agencies like PSI, ALT Radio project, the Ministry of Environment, but this has not been counted as a tool); Statcompiler used on several occasions; 1 by WWF & ASOS in Madagascar's Spiny Forest (Voahary Salama I national association of PHE implementers has produced and shared PHE communication kits that are being used by the project)

*Philippines*: Used Family Planning Action Session Module & Appreciative Community Mobilization from Save the Children;

*Global*: PHE Indicator Guide from Measure Evaluation; Flexible Fund community-based family planning survey templates and guidelines used as reference material for two socioeconomic surveys carried out in WWF Network; CIESEN online population database (Columbia University) for mapping projected population changes in Ecoregions

<sup>xi</sup> *Global*: We geographically scaled up the approach in Kenya and Nepal; We began to replicate the PHE approach in Democratic Republic of the Congo; *Philippines*: FPAS was expanded to 5 new barangays beyond project target areas

<sup>xii</sup> More than \$462,363 US for a variety of PHE investments in different countries, plus in Kenya, 10 wells for communities, FP commodities, a permanent nurse, PHE materials equipment and vaccines, long term operational costs for new clinic; and in Madagascar, MoH time. Note that this figure does not include Johnson & Johnson funds used in countries that were not funded under this USAID cooperative agreement.